



**Independent External Audit:  
2024 Audit Findings Report  
Silver State Health Insurance Exchange  
d/b/a SSHIE**

# Nevada State Based Marketplace 2024 Audit Findings Report

## Independent External Audit: 2024 Findings Report

TO: CCIIO STATE EXCHANGE GROUP

FROM: BDMP ASSURANCE, LLP (BERRYDUNN)

DATE: MAY 21, 2025

SUBJECT: AUDIT FINDINGS REPORT FOR NEVADA

AUDIT PERIOD: JULY 1, 2023 – JUNE 30, 2024

### I. EXECUTIVE SUMMARY

#### PURPOSE:

The purpose of this independent external audit is to assist the State of Nevada in determining whether the Silver State Health Insurance Exchange (SSHIE, or the Exchange), which is the Nevada state-based marketplace (SBM), is in compliance with the programmatic requirements set forth by the Centers for Medicare and Medicaid Services (CMS) during the audit period.

Name of SBM: Silver State Health Insurance Exchange

State of SBM: Nevada

Name of Auditing Firm: BerryDunn

Our responsibility was to perform a financial and programmatic audit to report on SSHIE's compliance with Title 45, Code of Federal Regulations, Part 155 (45 CFR 155) as described in the CMS memo dated June 18, 2014, Frequently Asked Questions about the Annual Independent External Audit of SBMs. The Program Integrity Rule Part II ("PI, Reg."), 45 CFR 155.1200 (c), states, "The State Exchange must engage an independent qualified auditing entity which follows U.S. generally accepted governmental auditing standards (U.S. GAGAS) to perform an annual independent external programmatic audit and must make such information available to the United States (U.S.) Department of Health and Human Services for review."

#### SCOPE:

The scope of this engagement included an examination of SSHIE's compliance with the programmatic requirements under 45 CFR 155, Subparts C, D, E, K, and M for the 12 month period July 1, 2023 through June 30, 2024. We conducted our examination in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. We completed an examination of SSHIE's compliance with the applicable programmatic requirements under 45 CFR 155 and issued our reports dated May 21, 2025.

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We also performed an audit of its financial statements for the year ended June 30, 2024, and issued our report dated January 9, 2025.

We reviewed processes and procedures, read pertinent documents, and performed inquiries, observations, and staff interviews to obtain reasonable assurance regarding whether SSHIE is in compliance with 45 CFR 155 in all material respects. We also selected a sample of eligibility and enrollment transactions and tested for compliance with requirements under 45 CFR 155 for eligibility determination, verification of data, and enrollment with a Qualified Health Plan (QHP).

## **METHODOLOGY:**

### **Audit Firm Background:**

BerryDunn is a national consulting and certified public accounting firm with multiple practice groups dedicated to serving state and local government agencies. BerryDunn was formed in 1974 and has experienced sustained growth throughout its 50-year history. Today, BerryDunn employs 900+ personnel with headquarters in Portland, Maine—and office locations in Arizona, Connecticut, Hawaii, Massachusetts, New Hampshire, West Virginia, and Puerto Rico. The firm has experienced professionals who provide a full range of services, including information technology (IT) consulting; management consulting; and audit, accounting, and tax services.

Those services include conducting Financial and/or Programmatic audits of multiple State Based Exchanges. We also have completed audits in accordance with Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance, previously referred to as OMB Circular A 133) for several sizable healthcare organizations, many of which receive U.S. Department of Health and Human Services federal grants or funding. In addition, we provide audit services for higher education, social service, and economic development organizations, as well as other entities that receive federal grants and are subject to the Uniform Guidance.

### **Financial Statement Audit:**

We have audited, in accordance with U.S. GAAS and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of SSHIE, for the year ended June 30, 2024, and related notes to the statements, and have issued a report thereon dated January 9, 2025.

### **Programmatic Audit:**

We have examined SSHIE's compliance with the programmatic requirements described in 45 CFR 155 for the year ended June 30, 2024, and have issued a report thereon dated May 21, 2025.

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## Summary of Programmatic Audit Procedures:

Our audit consisted of specific procedures and objectives to evaluate instances of noncompliance and to test SSHIE's compliance with certain subparts of 45 CFR 155. BerryDunn examined compliance with the requirements under 45 CFR 155, in the following programmatic areas:

- General Functions (Subpart C)
- Eligibility Determinations (Subpart D)
- Enrollment Functions (Subpart E)
- Certification of Qualified Health Plans (Subpart K)
- Oversight and Program Integrity Standards (Subpart M)

We reviewed the processes and procedures under 45 CFR 155, in the following programmatic areas in order to determine whether they were in compliance with the requirements of the ACA:

- Assistors, Navigators, Certified Application Counselors, and Brokers
- Compliance and Program Integrity
- Contact Center
- Eligibility and Enrollment Processes and Procedures
- Privacy and Security
- Qualified Health Plan (QHP) Certification

We reviewed the following documentation, which was obtained directly from SSHIE, or located on either the SSHIE website or the CMS website:

- Assistors, Navigators, Certified Application Counselors, and Brokers:
  - Authorized Representative Form
  - Broker Code of Conduct
  - CAC Application Form Sample
  - CAC Example Exchange Report
  - CAC List
  - Conflict of Interest Form
  - Member Portal Specifications
  - Navigator Assister CAC Program
  - Navigator Assister Requirements
  - Navigator List
  - Navigator Training Materials
  - Notice of Grant Award
  - Spanish Authorized Rep Form

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- Operator Agreement
- Contact Center:
  - Call Center User Guide
  - Contact Center Information
- Eligibility and Enrollment:
  - Advanced premium tax credit (APTC) initial enrollment guide
  - SSAP and Eligibility Specifications Manual
  - Desk Guide for Household Composition & Income
  - Enrollment and Premium Payment Processing Guide
  - Federal Poverty Level (FPL) Information
  - Income Information Authorization to renew coverage (FTI)
  - NVHL Eligibility Guide
- General Exchange Policies and Procedures:
  - NV HealthLink Outreach Marketing Materials
  - NV HealthLink Outreach Program
  - NVHL Policy Manual
  - User Guide
  - Renewal Notice
  - Verification Notice
  - Eligibility Determination Notice
  - Incomplete Application Notices
  - Renewal Notice sent to the Consumer
- Organization Chart
- Privacy and Security:
  - Acceptable Use Agreements
  - Acceptable Use Policy
  - Data Sharing Agreements
  - IT Policy
  - Plan of Action and Milestones
  - Privacy Impact Assessment
  - Privacy Policy
  - Security and Privacy Awareness and Training Plan
  - System Security Plan (SSP)
  - Third-Party Independent Security Risk Assessment

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- QHP
  - QHP Guidance for Participation Manual
  - Rate Filing Guidance
  - Nevada QHP Participation Checklist
  - Nevada QDP Participation Checklist
  - Letter to Issuers
  - Issuer Agreement
  - Plan Certification Guide
  - 2024 Plan List

To understand management and staff responsibilities and processes as they relate to compliance with 45 CFR 155, we interviewed the following SSHIE staff:

- Broker Manager
- Business Process Analyst, Reconciliation Team
- Chief Operations Officer
- Executive Director
- Information Systems Manager
- Navigator Program Manager/Benefit Manager
- Plan Certification Manager
- Policy and Compliance Manger
- Policy and Compliance Analyst
- CAC Program Resource Coordinator
- Contact Center Quality Assurance Officer
- Quality Assurance Manager
- Health Resource and Data Analyst

We interviewed the following staff from agencies other than SSHIE that are involved in functions related to the exchange:

- Department of Insurance (DOI), Actuarial Analyst

We analyzed the following information to assess SSHIE's compliance with the requirements of 45 CFR 155:

- From a listing of 156,428 eligibility determination transactions completed between July 1, 2023 and June 30, 2024, we selected 60 cases to test for compliance with eligibility and QHP enrollment rules, and 60 cases to test for compliance with data verification rules.

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**Confidential Information Omitted**

N/A

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## II. PROGRAMMATIC AUDIT FINDINGS

### MATERIAL NONCOMPLIANCE

#### Finding #2024-001

##### Criteria:

Subpart D – Eligibility, 45 C.F.R. § 155.305 (a) (1) stipulates:

(a) Eligibility for enrollment in a Qualified Health Plan (QHP) through the Exchange. The Exchange must determine an applicant eligible for enrollment in a QHP through the Exchange if he or she meets the following requirements:

(1) Citizenship, status as a national, or lawful presence. Is a citizen or national of the United States, or is a non-citizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national, or a non-citizen who is lawfully present for the entire period for which enrollment is sought;

And

(f) Inconsistencies. Except as otherwise specified in this subpart, for an applicant for whom the Exchange cannot verify information required to determine eligibility for enrollment in a QHP through the Exchange, advance payments of the premium tax credit, and cost-sharing reductions, including when electronic data is required in accordance with this subpart but data for individuals relevant to the eligibility determination are not included in such data sources or when electronic data from IRS, DHS, or SSA is required but it is not reasonably expected that data sources will be available within 1 day of the initial request to the data source, the Exchange:

(1) Must make a reasonable effort to identify and address the causes of such inconsistency, including through typographical or other clerical errors, by contacting the application filer to confirm the accuracy of the information submitted by the application filer;

(2) If unable to resolve the inconsistency through the process described in paragraph (f)(1) of this section, must—

(i) Provide notice to the applicant regarding the inconsistency; and

(ii) Provide the applicant with a period of 90 days from the date on which the notice described in paragraph (f)(2)(i) of this section is sent to the applicant to either present satisfactory documentary evidence via the channels available for the submission of an application, as described in § 155.405(c), except for by telephone through a call center, or otherwise resolve the inconsistency.

##### Condition and Context:

We observed material weaknesses in the Reasonable Opportunity Period (ROP) noticing process, which contributed to a significant number of consumer appeals and complaints. SSHIE and its technology vendor implemented corrective actions to minimize the consumer impact of

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these deficiencies. As part of the corrective action effort, on January 5, 2022, all open Data Matching Issues (DMIs) were set to “Not Applicable” (N/A), and new DMIs were issued on a prospective basis only. Although the system automatically performs certain reverification processes during periodic data matching (PDM) and auto-renewals, citizenship and lawful presence verifications were only triggered when changes were reported on the application. As a result, households with previously open citizenship or lawful presence DMIs at the time of the corrective action in 2022 may have been auto-renewed without proper reverification of those eligibility factors.

SSHIE attempted to mitigate this risk by including prompts in pre-renewal notices encouraging consumers to update their application information, which would re-initiate the verification process for citizenship and lawful presence; however the updates were not required.

BerryDunn tested a sample of 60 eligibility determinations made during fiscal year 2024. We identified one case out of the 60 selections where citizenship and lawful presence were set to N/A and were not properly verified by SSHIE upon renewal because the consumer did not update their application.

### **Cause:**

This issue occurred because SSHIE set all open DMI items to N/A and the DMI process was not initiated for citizenship or lawful presence unless a customer updated or resubmitted an application. The pre-renewal notice encouraged consumers to review and update their application for any household changes or changes in circumstances, or to verify that existing information was accurate. However, the notice did not require consumers to re-submit or affirm specific eligibility information if no changes were reported.

### **Effect:**

The individuals with previously unverified citizenship or lawful presence, which are less commonly updated eligibility elements, may have remained unverified during auto-renewals if they did not proactively update or resubmit their application. This increases the risk of individuals being determined eligible for and enrolled in coverage without meeting federal eligibility verification requirements.

SSHIE estimated that 5,000 applicants may have been impacted by the switch of their lawful presence or citizenship verification status to "N/A" on January 5, 2022. Of these, approximately 2,000 were included in the population for the examination period, from July 1, 2023 – June 30, 2024. SSHIE also reported that approximately 900 of these applicants were found eligible for exchange coverage and still had both citizenship and lawful presence verification statuses of N/A at the time of the data pull on October 14, 2024.

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## Finding #2024-002

### Criteria:

Subpart D – Eligibility, 45 C.F.R. § 155.305 (a) (1) stipulates:

(a) Eligibility for enrollment in a Qualified Health Plan (QHP) through the Exchange. The Exchange must determine an applicant eligible for enrollment in a QHP through the Exchange if he or she meets the following requirements:

[...]

(2) Incarceration. Is not incarcerated, other than incarceration pending the disposition of charges;

And

(e) Verification of incarceration status. The Exchange must verify an applicant's attestation that the applicant meets the requirements of § 155.305(a)(2) by—

(1) Accepting an applicant's attestation that they are not currently incarcerated; or

(2) Verifying an applicant's attestation of incarceration status using any electronic data source that is available to the Exchange and which has been approved by the Nevada Department of Health and Human Services (HHS) for this purpose. HHS will approve an electronic data source for incarceration verification if it provides data that are current and accurate, and if its use minimizes administrative costs and burdens.

(3) If an Exchange verifies an applicant's attestation of incarceration status using an approved data source under paragraph (e)(2) of this section, to the extent that an applicant's attestation is not reasonably compatible with information from the approved data source or other information provided by the applicant or in the records of the Exchange, the Exchange must follow the procedures specified in § 155.315(f);

And

(f) Inconsistencies. Except as otherwise specified in this subpart, for an applicant for whom the Exchange cannot verify information required to determine eligibility for enrollment in a QHP through the Exchange, advance payments of the premium tax credit, and cost-sharing reductions, including when electronic data is required in accordance with this subpart but data for individuals relevant to the eligibility determination are not included in such data sources or when electronic data from IRS, DHS, or SSA is required but it is not reasonably expected that data sources will be available within 1 day of the initial request to the data source, the Exchange:

(1) Must make a reasonable effort to identify and address the causes of such inconsistency, including through typographical or other clerical errors, by contacting the application filer to confirm the accuracy of the information submitted by the application filer;

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(2) If unable to resolve the inconsistency through the process described in paragraph (f)(1) of this section, must—

(i) Provide notice to the applicant regarding the inconsistency; and

(ii) Provide the applicant with a period of 90 days from the date on which the notice described in paragraph (f)(2)(i) of this section is sent to the applicant to either present satisfactory documentary evidence via the channels available for the submission of an application, as described in § 155.405(c), except for by telephone through a call center, or otherwise resolve the inconsistency.

## **Condition and Context:**

During the examination period, SSHIE did not properly verify incarceration status of consumers when the Federal Hub incarceration status check resulted in an error. When the automated verification process resulted in an error rather than a standard match or non-match response, the error was not recognized as a verification failure. As a result, the system did not generate a Data Matching Issue (DMI) notice, and applicants were enrolled in coverage without further verification of their incarceration status. Consequently, the incarceration status of these individuals was not appropriately verified prior to enrollment.

BerryDunn tested a sample of 60 eligibility determinations that were made during fiscal year 2024. We identified two cases out of the 60 selections where incarceration status was returned as an error and was not verified by SSHIE.

## **Cause:**

This issue occurred because the system was not configured to recognize certain error responses from the incarceration data source as verification failures requiring a DMI notice. As a result, when the incarceration verification returned an error code rather than a definitive response, the system did not initiate a follow-up process to resolve the inconsistency. This allowed the enrollment to proceed without proper verification of incarceration status.

## **Effect:**

As a result of this issue, individuals with unresolved incarceration status may have been enrolled in QHP coverage without meeting federal eligibility requirements. This may result in ineligible individuals receiving benefits.

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## Finding #2024-003

### Criteria:

45 CFR 155.302(b) Medicaid and CHIP. Notwithstanding the requirements of this subpart, the Exchange may conduct an assessment of eligibility for Medicaid and CHIP, rather than an eligibility determination for Medicaid and CHIP, provided that—

(1) The Exchange makes such an assessment based on the applicable Medicaid and CHIP MAGI-based income standards and citizenship and immigration status, using verification rules and procedures consistent with 42 CFR parts 435 and 457, without regard to how such standards are implemented by the State Medicaid and CHIP agencies.

[...]

(3) Applicants found potentially eligible for Medicaid or CHIP. When the Exchange assesses an applicant as potentially eligible for Medicaid or CHIP consistent with the standards in paragraph (b)(1) of this section, the Exchange transmits all information provided as a part of the application, update, or renewal that initiated the assessment, and any information obtained or verified by the Exchange to the State Medicaid agency or CHIP agency via secure electronic interface, promptly and without undue delay.

(4) Applicants not found potentially eligible for Medicaid and CHIP.

[...]

(ii) To the extent that an applicant described in paragraph (b)(4)(i) of this section requests a full determination of eligibility for Medicaid and CHIP, the Exchange must—

(a) Transmit all information provided as a part of the application, update, or renewal that initiated the assessment, and any information obtained or verified by the Exchange to the State Medicaid agency and CHIP agency via secure electronic interface, promptly and without undue delay.

### Condition and Context:

BerryDunn identified three cases from a sample selection of 60 where the applicants' applications were:

- transmitted to the Nevada Department of Health and Human Services (HHS) for assessment in a previous plan year;
- returned to SSHIE as rejected without a reason code;
- made eligible for a Qualified Health Plan (QHP) with advanced premium tax credit (APTC); and
- automatically renewed during the annual redetermination period for eligibility to enroll in a QHP with APTC without re-assessing Medicaid eligibility.

SSHIE and HHS have established data transmission process; however, SSHIE reported that they do not always receive HHS's eligibility decision in a timely manner, and when they receive

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the eligibility decision from HHS, the decision is categorized either rejected or accepted. The rejected category includes all applicants who were determined ineligible for Medicaid and CHIP, including those who voluntarily withdrew and those who did not complete the application process. Since HHS does not include the reason code, SSHIE assumes all returned applicants were rejected for a reason that makes them eligible for APTC. SSHIE also assumes the applicant was denied Medicaid/CHIP when SSHIE does not receive an eligibility decision back from HHS in a timely manner.

### **Cause:**

SSHIE reported a system defect where the system automatically renews the APTC eligibility for applicants whose FPL was under the threshold of Medicaid and/or CHIP eligibility when their applications were rejected and returned from HHS in the past. For example, one household in our sample had a household FPL of 118%, which is below the 138% Medicaid threshold. This household was denied Medicaid in 2020 for an unknown reason, and since then, their APTC eligibility has been automatically renewed each year during the annual open enrollment period without transmitting the application to HHS for their assessment of Medicaid/CHIP eligibility.

### **Effect:**

The customers who were denied Medicaid/CHIP in the past may have been receiving incorrect eligibility determinations at their renewal due to the system defaulting to eligibility for a QHP with APTC.

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## Finding #2024-004

### Criteria:

45 CFR 155.302 (c) Advance payments of the premium tax credit and cost-sharing reductions. Notwithstanding the requirements of this subpart, the Exchange may implement a determination of eligibility for advance payments of the premium tax credit and cost-sharing reductions made by the Nevada Department of Health and Human Services (HHS), provided that—

(4) The Exchange and HHS enter into an agreement specifying their respective responsibilities in connection with eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions.

45 CFR 155.302(d) Standards. To the extent that assessments of eligibility for Medicaid and CHIP based on MAGI or eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions are made in accordance with paragraphs (b) or (c) of this section, the Exchange must ensure that—

1. Eligibility processes for all insurance affordability programs are streamlined and coordinated across HHS, the Exchange, the State Medicaid agency, and the State CHIP agency, as applicable;
2. Such arrangement does not increase administrative costs and burdens on applicants, enrollees, beneficiaries, or application filers, or increase delay.

26 CFR § 1.36B-2 Eligibility for premium tax credit.

(a) In general. An applicable taxpayer (within the meaning of paragraph (b) of this section) is allowed a premium assistance amount only for any month that one or more members of the applicable taxpayer's family (the applicable taxpayer or the applicable taxpayer's spouse or dependent)—

(2) Is not eligible for minimum essential coverage (within the meaning of paragraph (c) of this section) other than coverage described in section 5000A(f)(1)(C) (relating to coverage in the individual market).

(c)(2)(ii) Obligation to complete administrative requirements to obtain coverage. An individual who meets the criteria for eligibility for government-sponsored minimum essential coverage must complete the requirements necessary to receive benefits. An individual who fails by the last day of the third full calendar month following the event that establishes eligibility under paragraph (c)(2)(i) of this section to complete the requirements to obtain government-sponsored minimum essential coverage (other than a veteran's health care program) is treated as eligible for government-sponsored minimum essential coverage as of the first day of the fourth calendar month following the event that establishes eligibility.

### Condition and Context:

BerryDunn identified four cases from a sample selection of 60 where the applicants were assessed for eligibility for Medicaid and CHIP, rejected by HHS, and made eligible for advanced premium tax credit (APTC). When these cases were rejected and returned by HHS, SSHIE was

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not informed of the reason for rejection; therefore, SSHIE assumed the applicants were rejected for a reason that makes them eligible for APTC. However, based on further inquiries and research on these cases, SSHIE identified that these four households were made ineligible for Medicaid/CHIP because the applicants either voluntarily withdrew or did not complete the application process, which would have made them ineligible for APTC. Since Medicaid and CHIP are minimum essential coverage, if an applicant was eligible for Medicaid and/or CHIP but chose not to receive the coverage by not completing the application process, the applicant should not be eligible for APTC.

## **Cause:**

SSHIE and HHS have established data transmission processes; however, SSHIE reported that HHS does not include a reason code for their rejection of Medicaid/CHIP eligibility. Not knowing the reason for Medicaid/CHIP denial causes SSHIE to award a potential incorrect eligibility to their customers.

## **Effect:**

The applicants who were denied Medicaid/CHIP by HHS may have been incorrectly receiving APTC eligibility.

## **MATERIAL WEAKNESS IN INTERNAL CONTROL OVER COMPLIANCE**

We identified certain deficiencies in internal control over compliance, described in Findings 2024-001 through 2024-004, that we consider to be material weaknesses.

## **SIGNIFICANT DEFICIENCIES IN INTERNAL CONTROL OVER COMPLIANCE**

N/A

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## Programmatic Auditor's Opinion:

QUALIFIED

UNQUALIFIED

ADVERSE

DISCLAIMER

## ADDITIONAL COMMENTS:

N/A

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## III. RECOMMENDATIONS

### Finding #2024 -001

#### Recommendation:

BerryDunn recommends that SSHIE strengthen its renewal process by conducting targeted reverification of citizenship and lawful presence for individuals whose Data Matching Issues (DMIs) were administratively set to “Not Applicable” during the corrective action, focusing on those who have continued to renew their applications without reporting any updates. This will help mitigate the risk of individuals remaining enrolled without proper verification.

SSHIE reported that as of March 2025, it has configured a lawful presence validity period of 180 days, after which a VLP reverification is automatically triggered.

### Finding #2024 -002

#### Recommendation:

BerryDunn recommends that SSHIE update their system to treat error responses from the incarceration data source as verification failures that trigger the DMI process. This will help ensure that all applicants with unresolved incarceration status are appropriately flagged for follow-up and verified prior to enrollment.

### Finding #2024 -003

#### Recommendation:

BerryDunn recommends that SSHIE work with their system integrator to fix the known system defect and assess or determine every applicant’s eligibility annually.

### Finding #2024 -004

#### Recommendation:

BerryDunn recommends that SSHIE work with the Nevada Department of Health and Human Services (HHS) to obtain the reason code for each rejection.

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## IV. FINANCIAL STATEMENT AUDITOR'S OPINION

We have issued an Independent Auditor's Report on the financial statements for the year ended June 30, 2024, reflecting the following type of opinion:

**QUALIFIED**

**UNQUALIFIED**

**ADVERSE**

**DISCLAIMER**

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## V. CONCLUSION

Based on a review of the documentation required for this report, in our opinion, except for the material noncompliance described in the Audit Findings section of this report, SSHIE complied with the requirements of 45 CFR 155, Subparts C, D, E, K, and M during the year ended June 30, 2024, in all material respects.

**SIGNATURE OF AUDIT FIRM:**

*BMP Assurance, LLP*

**COMPLETION DATE OF AUDIT:**

FINDINGS REPORT: MAY 21, 2025